



Administration 797-1030
Budget & Finance 797-1050
Development Services 797-1111
Engineering 797-1113
Fire Department 797-1211
Human Resources 797-1010

Parks & Recreation 797-1145
Police Department 693-8200
Public Works 797-1240
Town Clerk's Office 797-1023
Utilities 433-4000

Town of Davie

6591 Orange Drive Davie, Florida 33314-3399

(954) 797-1000

PARADE PERMIT APPLICATION

Date MAY 4 2005

Organization Town of Southwest Ranches

Address 6589 SW 160 AVE SW RANCHES FL 33331
City State Zip

Name of Representative(s) LEE RICKLES Phone Number 954 3437441

Address 6589 SW 160 AVE SW RANCHES FL 33331
City State Zip

Number of Parade Entrants APPROX 25 Number of Spectators Expected APPROX 200

Date of Parade 6-4-05 Hours of Parade 10 AM to 11 AM

Route of Parade SW 166 AVE North to Stirling (SW 60ST)
EAST TO SW 160 AVE (DYKES RD) SOUTH TO
Town Hall 6589 SW 160 AVE

Applicant's Signature John Lander

Date of Council Meeting _____

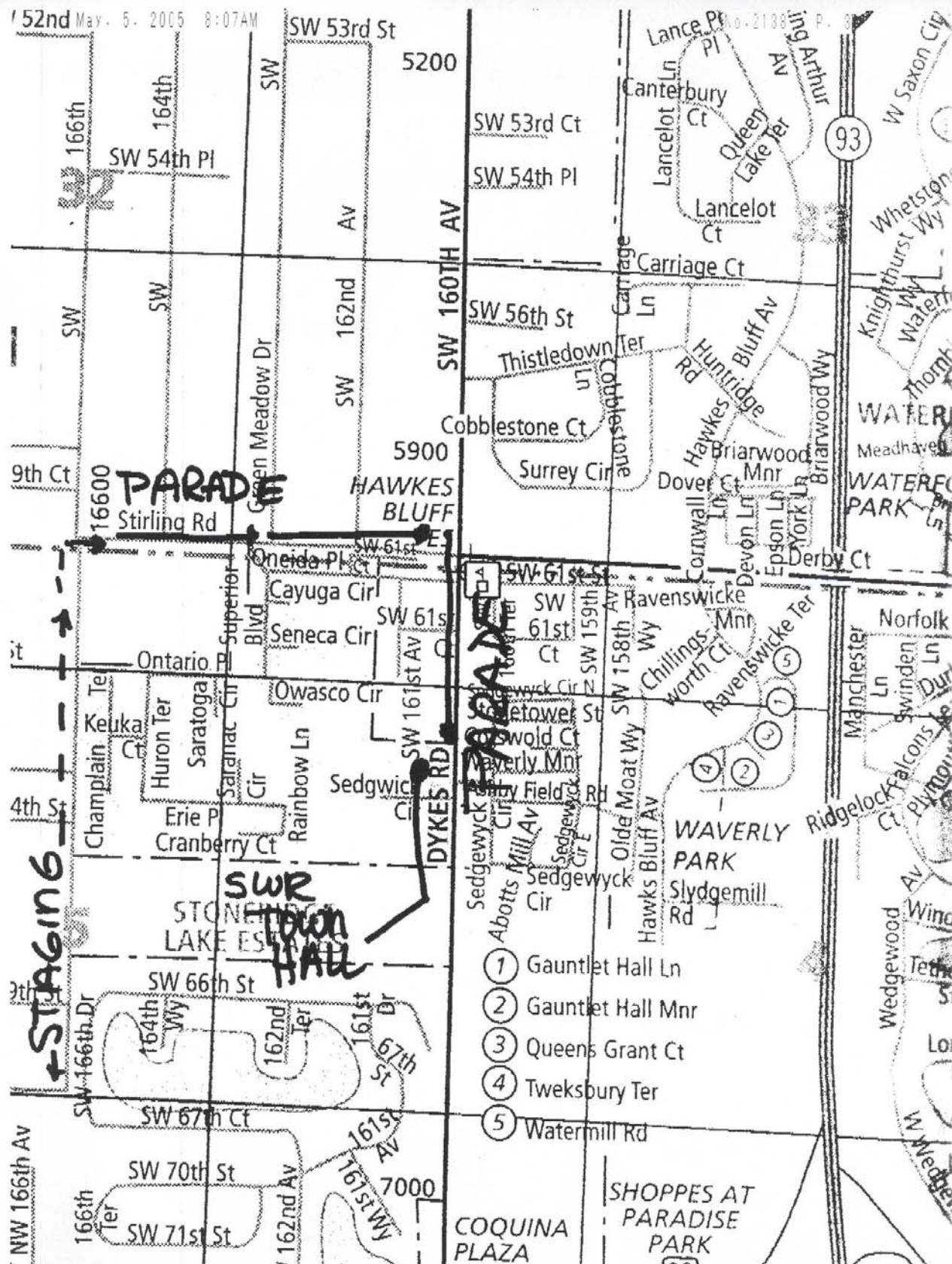
Approved

Denied

****This application will be reviewed by a staff committee and if warranted, there may be a possibility of a service fee due to the size/extent of the event.**

NOTE: Per Section 21-4 of the Town's Code, the Town Council shall be sole authority for the approval of permits to conduct parades on or about the Town's public rights-of-way. The civic organization making application to conduct such parade shall have the sole responsibility and prerogative to determine who the participants and or participating organizations shall be. Permits shall be granted subject to federal, State and Town of Davie laws.

THE TOWN OF DAVIE REQUIRES A CERTIFICATE OF INSURANCE OF NO LESS THAN \$1,000,000 NAMING THE TOWN OF DAVIE AS AN ADDITIONAL INSURED



ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
05/06/2005

PRODUCER (239)254-7760 FAX (239)254-0470
Community Imperial Insurance Services
9430 Bonita Beach Rd #201
Bonita Springs FL 34135

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURED Town of Southwest Ranches
6589-6591 SW 180th AVE
DAVIE FL 33331

INSURERS AFFORDING COVERAGE	NAIC #
INSURER A: ST PAUL FIRE & MARINE INSURANCE CO	
INSURER B:	
INSURER C:	
INSURER D:	
INSURER E:	

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSURER	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
A X	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR	GP09313129	10/01/2004	10/01/2005	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (if occurrence) \$ 100,000 MED EXP (Any one person) \$ excluded PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMPOD AGG \$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC				
A X	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	GP09313129	10/01/2004	10/01/2005	COMBINED SINGLE LIMIT (Per accident) \$ 2,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY - EA ACC \$ AGG \$
	EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below OTHER				WC STAT L & ITS OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
CERTIFICATE HOLDER IS LISTED AS ADDITIONAL INSURED WITH REGARDS TO "BIRTHDAY PARTY"
BEING HELD ON 6/04/05 AT 6589 SW 180TH AVE TOWN OF SOUTHWEST RANCHES FL

CERTIFICATE HOLDER

TOWN OF DAVIE
TOWN OF DAVIE, FL

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

Patricia A. Berger

* * * * *

THIS PAGE
INTENTIONALLY
LEFT BLANK

* * * * *